



APPLICATION

FOR EMPLOYMENT WITH THE CITY OF AZTEC

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation and gender identity, ancestry, physical or mental handicap, serious health condition, spousal affiliation or any other legally protected status. City of Aztec is an Equal Opportunity Employer.

(PLEASE PRINT)

Position Applied For _____

Date of Application _____

How Did You Learn About Us?

☐ Advertisement

☐ Friend

☐ Aztec City Website

☐ Employment Agency

☐ Relative

☐ Other _____

Last Name	First Name	Middle Name
Physical Address	City	State Zip Code
Mailing Address	City	State Zip Code
Telephone Number(s)	Social Security Number / /	

Best time to contact you? _____

_____ AM to _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes

☐ No

Have you ever filed an application with us before?

If yes, give date: _____

☐ Yes

☐ No

Have you ever been employed with us before?

If yes, give date: _____

☐ Yes

☐ No

Do you have relatives employed by the City of Aztec?

If yes, state name and relationship. _____

☐ Yes

☐ No

Are you currently employed? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

EDUCATION				
School	Name and Address of School	Course of Study Completed	# of Years Attended	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Why do you want to work for the City of Aztec?

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING OR BY PICKING UP A COMPLETE JOB DESCRIPTION, AVAILABLE AT CITY HALL LOCATED @ 201 W. CHACO ST., AZTEC, NM.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation is outlined in the job description.

_____ YES _____ NO

PROFESSIONAL REFERENCES Do not include family members

Name	Phone Number	Best time to call	Employer/Occupation
1.			
2.			
3.			

Work Experience

Please complete even if Resume is attached. Start with your present or most current. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u>		
	Starting Pay	Final Pay	
Supervisor			
Reason for Leaving			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone #: _____			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u>		
	Starting Pay	Final Pay	
Supervisor			
Reason for Leaving			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone #: _____			

Employer	Dates Employed		Work Performed
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Employer	Dates Employed		Work Performed
	From	To	
Address			
Starting/Present Job Title	<u>Hourly Rate/Salary</u>		
	Starting Pay	Final Pay	
Supervisor			
Reason for Leaving			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone #: _____			

Please attach additional pages if necessary for Work Experience.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

List Professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information/Other qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check skills/Equipment Operated)

<input type="checkbox"/> Switchboard	<input type="checkbox"/> Spreadsheet	Machinery (list)	Other (list)
<input type="checkbox"/> PC computer	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application. List all computer programs you are familiar with.

SUBSTANCE ABUSE POLICY STATEMENT

The City of Aztec recognizes alcohol and drug abuse as potential health, safety, and security problems. We expect all employees to assist in maintaining a work environment free from the effects of alcohol, drugs, or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

CONSENT FORM

I fully understand that, should I be offered employment by the City of Aztec, a pre-employment urine drug screen will be required. The urine specimen collected may be analyzed for the following substances or classes of substance:

Amphetamines	(methamphetamine and amphetamine)
Barbiturates	(Phenobarbital, secobarbital, etc.)
Opiates	(heroin, morphine, codeine, etc.)
Benzodiazepines	(Librium, Valium, and oxazepam)
Cannabinoids	(marijuana and hashish)
Propoxyphene	(Darvon)
Phencyclidine	(PCP, anabolic steroids)

I understand that my refusal to submit to and cooperate fully in this drug screen shall constitute good and sufficient cause for withdrawal of this application from further consideration.

I agree to the disclosure of the results of such tests to the hiring agency by the testing facility. I understand that a positive test result will be a factor in the employment decision and may result in my rejection for consideration for employment with the hiring agency.

I agree to release the City of Aztec and the drug testing facility from any liability. The City of Aztec agrees that the test results will not be provided to law enforcement authorities without the applicant's written consent.

I also understand that, should I be offered employment by the City of Aztec, the City will require that I pass a physical examination, scheduled and paid for by the City.

Signature _____ Date _____

APPLICANT REFERENCE CHECK AUTHORIZATION

I understand that my work history may be verified. I authorize the City of Aztec agent to contact the references that I have listed in the work history in order to verify the information I have provided. I agree to release former employers, the City of Aztec, or any others from any liability that might arise from the disclosure of information.

Applicant's Signature _____

FALSIFICATION OF APPLICATION

I understand that by signing below I certify that all information stated on the application is true. I further understand that falsifying records is a serious offense and may lead to termination if I am hired by the City of Aztec.

Applicant's Signature _____